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		V.	TRADEMARIE	August 7-,	2004	(Date)		
APPLICATION NO. FILING DATE		FIRST NAMED INVEN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/785,764	02/16/2001		Robert B. Belshe		SLU 4538	2975		
TITLE OF INVENTION: 1 SUCH VIRUS	EMPERATURE-SENSITIV	'E AND COLD-AD	OAPTED HUMAN I	PARAINFLUENZA V	IRUS TYPE 2 (HPIV-2) AN	D VACCINES BASED ON		
APPLN, TYPE	SMALL ENTITY	ISSUE FE	E PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330	_	\$300	\$1630	08/18/2004		
EXA	EXAMINER		г сі	ASS-SUBCLASS]			
SCHEINER	SCHEINER, LAURIE A			424-204100				
CFR 1.363). Change of correspond Address form PTO/SB/1 Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN St. Louis Un Please check the appropriated a. The following fee(s) are the following fee(s) are the following fee the fee Advance Order - # of the following fee the fee Advance Order - # of the following fee the fee Advance Order - # of the fee the	ion (or "Fee Address" Indica or more recent) attached. Us D RESIDENCE DATA TO E an assignce is identified be ed to the USPTO or is being IEE niversity e assignee category or category enclosed:	Correspondence tion form e of a Customer SE PRINTED ON TI low, no assignee da submitted under sep (B) pries (will not be printed to the pr	names of up to agents OR, altern firm (having as a agent) and the na attorneys or agent will be printed. HE PATENT (print of the will appear on the arate cover. Complet RESIDENCE: (CIT St. Louis and on the patent); Payment of Fee(s): A check in the am Payment by credit the Director is hepposit Account Nu	patent. Inclusion of a ion of this form is NO Y and STATE OR CO Missouri individual 4 out out of the fee(s) is encard. Form PTO-2038 ereby authorized by cluber 19-1345	storneys or of a single attorney or ered patent d, no name 3 ssignce data is only appropri r a substitute for filing an ass UNTRY) corporation or other private gelosed.	credit any overpayment, to copy of this form).		
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